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REQUEST

FOR

CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: Mail Stop 313c Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Submission required under 37 CFR 1.114

SHOOLIGIT BY HIME COLOR STORE					
Application Number	09/943,811				
Filing Date	August 31, 2001				
First Named Inventor	Rajiv LAROIA				
Art Unit	2611				
Examiner Name	Juan A. Torres				
Attorney Docket Number	Flarion-6/APP (Q060535)				

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

a. Previously submitted Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on (Any unentered amendment(s) referred to above will be entered). Consider the arguments in the Appeal Brief or Reply Brief previously filed on Other							
b. 🛛 Enclosed i. 🖾 Amend ii. 🔲 Affidavi	ment/Reply t(s)/Declaration(s)	iii.	0.11	n Disclosure Statem			
2. Miscellaneous a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required) b. Other fax cover sheet, transmittal and fee transmittal 3. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. a. The Director is hereby authorized to charge any underpayment or credit any overpayment of the following fees to Deposit Account No. 50-1049 i. RCE fee required under 37 CIFIR 1.17(e) ii. Extension of time fee (37 CFR 1.136 and 1.17) iii. Other b. Check in the amount of \$ enclosed C. Payment by credit card (Form PTO-2038 enclosed) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
	SIGNATURE OF APPLICAN	T, ATTORN	IEY, OR AGI	ENT REQUIRED			
Name (PrintiType)	Michael P. Straub		Registra	tion No. (AttorneylAgent)	36,941		
Signature	Michael Ellia	il	Date	le November 10, 2006			
CERTIFICATE OF MAILING OR TRANSMISSION							
I hereby certify that this co envelope addressed to: C Office on the date shown	orrespondence is being deposited with the ommissioner For Patents, Box RCE, Wash below.	United State nington, DC	s Postal Servi 20231, or facsi	ce with sufficient postage mile transmitted to the U.	as first class mail in an S. Patent and Trademark		
Name (Print/Type)	Michael P. Straub			L			
Signature	Michael & Strow	<u>ک</u>	Dale				
amount of time you are real	is form is estimated to take 0.2 hours to comple uired to complete this form should be sent to the IPLETED FORMS TO THIS ADDRESS. SEND exandria, VA 22313-1450.	Chief Informs	tion Officer U.S.	. Patent and Trademark Offic	ze. vvasningion, DC 2023 I . DO		

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